

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/830378 FILING DATE _____
APPLICANT(S) _____

11183 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1	1	
4		2		1		
5	1		1			
6		1		1		
7		2		1	1	
8		2		1		
9						1
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TOTAL IND.	2	1	2	1	4	1
TOTAL DEP.	8		6		4	
TOTAL CLAIMS	10		8		8	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		1		1		1
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS